

FILED APR 12 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9962

State File No.

1002

Registrar's No.

1396

Registration District No. 399

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7221 Washington Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Carrie Pepper Hayward

8. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mr. Drury Hayward 6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased March 15 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 0 14 hr. min.

9. Birthplace Rochelle Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business -----

MOTHER FATHER { 12. Name John M. Pepper
13. Birthplace Carlisle Pennsylvania
(City, town, or county) (State or foreign country)

14. Maiden name Anna Moffatt
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant David W. Pepper

(b) Address Backus, O. Mo.

17. (a) Burial (b) Date thereof April 1, 1940
(Burial, cremation, or removal) (City or town) (County) (State)

(c) Place: burial of Woodlawn Cemetery
Independence, Mo.

18. (a) Signature of funeral director S. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) Feb 29, 1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 7221 Washington Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. ----- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
year 1940 hour 2 minute 40 A. M.

21. I hereby certify that I attended the deceased from March 26
1940, to March 29, 1940

that I last saw her alive on March 28, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Rectum over 1 year
Duration

Due to III

Due to -----

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations -----

Of autopsy -----

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) -----

(b) Date of occurrence -----

(c) Where did injury occur? -----
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? -----

While at work? ----- (Specify type of place)
(e) Means of injury -----

23. Signature J. W. Fair (M. D. or other)

Address 404 1/2 W 75th St. K.C. Mo Date signed 3/29/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Mrs. Hayward.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

C. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address R. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.